

FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
2006 JUL 14 PM 3:14  
Request  
PScanned

## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? I put in medical grievance and sick call
  2. What was the result? denied
- D. If your answer to "B" is No, explain why not: \_\_\_\_\_

## III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Raphael Williams  
 Employed as warden at Howard R. Young Correctional  
 Mailing address with zip code: PO Box 9561  
Wilmington DE 19809
- (2) Name of second defendant: C-M-S Dana Baker  
 Employed as medical service at Howard R. Young Correctional  
 Mailing address with zip code: PO Box 9561  
Wilmington DE 19809
- (3) Name of third defendant: C-M-S William Joyce  
 Employed as medical service at Howard R. Young Correctional  
 Mailing address with zip code: PO Box 9561 Wilmington DE 19809

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

#### IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. I have put copy of the names of all my Defendants that are not helping me with my health. Please help I can't spell or write that good

2.

3.

#### V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I want the courts to get me help for my liver I need help and I want to sue for medical neglect and pain & suffering, I want \$1000000 for all they put me through I am in pain

2. and no help. can I get a lawyer  
to help me please.

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of July, 2006.

David Dejesus Jr

(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)

LEGAL MAIL ONLY

David De Jesus sr #209513  
PO Box 9561  
Wilmer De 19809

# 06-209-JJF  
To US District court  
Lock Box 18  
Boggs Federal Building  
844 King St  
Wilmer De 19801

12-18-05

Send other text to [redacted]

Today I got pain in my Back sild and want to sleep in pain because the 4 to 12 told ~~me~~ that they "nurse" could not do any thin about my pain i hurt, so I got up at 12 to 8 with much pain I told the Co about my pain and that I put in sick call, they told me I may have to wait to someone in sick call to get a hold of me but he will get a lead work to see, he told me I have to wait that they put me to see a Dr beccau there is no Dr on this shift this is how we are treted we are ne on to these people. I was coll for sick call but I also was call for court so I never was taking now a Lt help me because I was i so much pain I had to go to him for help, now I am in the INF to see whots the matter well they did stone test call work out, I stay 3 days and was sent back to a pod still with my pain but I will leave it in Gods hands.

---

11 or 12 P

they still have not given me my test they did for S.t.D. that hurted me because they want with a stick in my peins so it will be pain for nothing

my liver

1-27-06

I am filling pain on the sld that my liver is, if somethin happen to me so my family can sue this jail for not helping me when I ask for help since the time I came in, I let them know that my liver is hurting, is bad and that I needed to see a Dr. no help at all, so please know that I am sorry for what I did to all <sup>of</sup> my kids tell them I am sorry for leting them down and not being a good Dad Drug was more to me, but now I will do more if I make it out of here. Please in Jesus name amen.

on the 1-27-06 they came asking all about if we had "Fesko", Hold Pool then on the 28<sup>th</sup> they took us to the Gym to get "Fesko", they are afraid of somethin because they been letting us out for "Rak" not locking us down, The news paper are saying bad things about "Del Jail". The man Dr that seen me order Blood work, This will be my 3<sup>rd</sup> "Blood" work ask for, than no one come to give me that Blood work.

2-22-06

Today I want down to see a Dr but they was upset because they new give me no Blood work so he could not see me he told the woman to get on the Blood work people, they said we see you again in 2 to 3 weeks and when I told the Dr that I have pain in my liver he Give me heart burn pill call "Ranitidine HCL 150MG Tabs".

2-24-06

3 day later they dont know what they are doing the "Tabs"

3-1-06

I call the P.D. Office to get help for my liver, I talk to a lady by the name of Lisa Shwin who told me she was going to call hear to the medical Dep and e-mail the warden, to help me at Lest so I can be helped.

3-8-06

Today they took me to get Blood work they ask me if I eat I said yes she said you should not eating, I said no one said any thin to me, so she said we have to put you down tomorrow dont eat any thin, I said you sure you will get me, she said YES, lets see Its crazy they never told me not to eat it was almost Pm not <sup>do</sup> I write more when they come



well my God they came and took me to get blood work, Thank God I am feeling sick I need help now lets see how long it will take for the Dr, to see me. been writing to lawyer & news paper so some thin is happening.

3-17-06

Today 8 days later again Blood work they loss the blood work or somethin happen because they took Blood now two time all I just want is treatment and they taking there time with my Health or they are trying to make up there Blood work that they had to do 5 time, I even sing so they can get my record from westside so they can get them, I dont know what happen to that, I did this on ~~Oct 10 05~~ Oct 10 05 so it could help them I Guss they loss it to.

3-29-06

I went again to Dr Niaz and again he said Blood work was suppose be taking, I said whate is going on that you took Blood work are you lossing my Blood work, he said see you in two weeks when they take Blood work out, I think they are trying to make up for all the Blood work they was suppose to take because I have put in a "lawsuit" they are not helping me, this will be a other Blood work taking 3 of them now, God Pleas help me with this I am in pain, I also seen the "Depty warden" with some people, I said down in sick call why no one is helping me with my liver he said there is a Dr and nurse why you are asking me I said because you are the "Depty warden" he did not said any thin to me than he said write to me. The "Depty warden" call down so I can see a Dr

4-3-06

Today a woman Dr Seen me but she made a visit to get a all + sound to see my liver, but she is not the Dr for liver name Niaz he to is <sup>not</sup> helping me just keep making visit.

4-6-06

again on this day to take Blood, now they are taking to much Blood like <sup>they</sup> are lossing it, I am sick, I only wish they help me with treatment so I can live a little more but they dont care, now they are trying to look like they care when a lawyer I wrote for help send them a letter, they are scier of a law suit.

4-17-06

Today Monday at 9:15 PM I seen a Dr he said if I got the shompeo he oder, I said no, he said it down like I did. I never sign for it but it show I sing for it. they are lieing like the woman who work here who was made to lie, now he oder it again 3 time shompeo, AED, vitment, now they have me as only shompeo, they give me 3 pill at once. <sup>they</sup> I have no oder so what was



Today at 9:00<sup>PM</sup> or 10:00 the nurse Rob all ways and other dont call me to get my meds for my head that is hurting and they get mad along with the women 40 from 2L at night at me for asking for them if they dont like the job they sauld not work here I know the only way this medical Dep will get better is if they change all the workers it will be better.

5-1-06

Today I want to get a altruly sound of my liver. but he said I should not eat he still did it, no one told me not to eat.

5-2-06

Today they give me some meds, But at night never did its suppose to be my vitims for my head they call me when they want.

5-3-06

Today they call me to see a Dr waited, waited than they told me they have to Bring me back a nother day, these people dont care to them we are ~~animals~~ <sup>animals</sup> even they get treated better than us, Its bad they treat us like animals, no A/c, I ~~don~~ <sup>am</sup> on the floor have taking cool shower because no hot water for days, A/c off for days like its on when they come to work off on weekends.

5-5-06

It took a spanish Guy to go crazy to get help they turn the A/c on it was hot like you could not Buth, this is how we are being treated. I know we are in Jail for being out doing bad thins but dont we have human righ? one time they even told me I have 20/20 that was funny. she said that they have me down. only if they new that all my life I have bad eyes they lie on that.

5-10-06

Today again I was call to see the Dr he again said we have to take Blood I ~~was~~ <sup>med</sup> I said why are you doing this to me you already took this Blood work out of me, I am in pain he said it may be "Gas" I just got up in left it hurt yes I'm crying why are they doing me like this, I am paying for my cram 3 year again the same Blood work oder are they Lessing the Blood or they are trying to make up the Blood that was suppose to be done.  
God Please help me.

5-15-06

Today again 3 tip of tubs was taking and there is nothing I can do, only pray that God keep me alive.

5-16-06

I get move to the new sild, I fill sick with pain now I have to climb to where I have to sleep. also I ask them please dont send me to DCC because I have problem with man there that wants me dead they still are sending me there I wrote asking for help they dont care.

5-22-06

Today I went to the eye Dr and again for no reason I told him my left eye is bad he said I have nothing wrong he was mad because I was telling him if nothing is wrong why I can't see good out of that eye so he said you are done no glasses or any thin. thats the help we get in here.

5-27-06

on this day the Dr seen me, but only give me again oder of the things they have not giving to me like Shampoo, A/D, ~~because they still have not give me anything.~~

6-1-06

again the Dr oder again all he can't believe that they dont give me these thin, so he oder musall relser for pain.

6-4-06

I want to get my meds the Am nurses Denied to give me the meds the Dr oder <sup>already</sup> now I am getting it, because she was not the regular nurses its wrong I have problem getting them for someone who dont want to work here to said no to something that can help me with my pain, she did not want to give me her name but I got it from a Yo.

6-5-06

Today they took me to see a women name Davi Mozic from center for Justice they refure me to A.C.L.U. I told her I have them already so I sign so they can send my record to them A.C.L.U.

6-6-06

I got a letter from a lawyer but the envelop was open they are now messing with my mail.

Today on this day at 9:00<sup>AM</sup> or 10:00 they call me to go to the Medical Grievance Board to sign off I said no because they may leave it along if I sign off. Some man was there talking he said the Dr have you here saying he have seen you, I stop him and said yes but dose not said he read schedule took more blood & not to help me, they took so much blood out now and still no help.

6-14-06

Today I want to see Dr Wiaz he told me that my liver is bad real bad and I need treatment, then again he read schedule me for more tested and see me in a month, I am so sick and ~~No~~ help, he said I give you something for pain, I said Please help I dont want to Die in here, I am afraid something will happen to me with out no help my Blood count is so up way up but none of this I said ~~It~~ would happen if you have given me the help sooner, I would bring on my way getting better,

6-16-06

Today I got the appeal form with lies saying that they have see me yes they seen me but only to read schedule because they needed more Blood the Dr could not help me because Blood was never taking, so he had to read schedule that they dont said.

6-22-06

They took X-Ray of my chess, dont know why.

6-27-06

Today I want to sickle cell again 3 Tabs of Blood work I am so sick that they can do anything they want in get away with it, I was going to refuse but I said no thats what they want and this time it may be to help me. "Sound Good"

7-6-06

Today 7-6-06 after 72 day that I put in to see mental Heath they come. I put this in because of the bad news they Give me on 6-14-06 about my liver you tell me if they care?

FORM #585

MEDICAL GRIEVANCE

my copy

FACILITY: 11-11-11DATE SUBMITTED: 4-15-06INMATE'S NAME: David De Jesus SrSBI#: 309513HOUSING UNIT: 2L-11CASE #: 06.24724

//

SECTION #1DATE & TIME OF MEDICAL INCIDENT: on going

TYPE OF MEDICAL PROBLEM:

I write to you again because I am not getting the help for my liver, I do not want to die in here in the St, I go to a Dr why are they not caring about my Health, I am even on the floor sick

GRIEVANT'S SIGNATURE: David De Jesus SrDATE: 4-15-06

ACTION REQUESTED BY GRIEVANT: I want help even if they put me in the ILLIF I need to see a Dr for my liver, I am sick I fill bad and yes I do take care of my Health in the St my family Dr is Dr Green & want no help

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

**NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.**

**Howard R. Young Correctional Institution  
Services Request Form**

DATE: 4-16-06 COUNSELOR: Deller  
NAME: David De Jesus Sr SBI# 209513 HOUSING UNIT 2-L 11

**CHECK AND SPECIFY THE APPROPRIATE INFORMATION BELOW.  
PLEASE MAKE ALL REQUESTS BRIEF AS LENGTHY RESPONSES MAY  
NOT RECEIVE IMMEDIATE ATTENTION.**

- ☒ REQUEST FOR CLASSIFICATION ACTION  
☐ CLASSIFICATION INFORMATION  
☐ PROGRAM PARTICIPATION (PROGRAMS, WORK, EDUCATION)  
☐ INDIVIDUAL COUNSELING (MENTAL HEALTH)  
☒ HOUSING ASSIGNMENT CONCERNS  
☐ STATUS, CHARGES OR OTHER RECORDS CONCERNS  
☒ OTHER (SPECIFY): my liver, chronic pain and <sup>help</sup> after 6 month

**PLEASE PRINT ALL INFORMATION**

I have been sentence for almost 2 month no one has  
come to see me I am sick I have a bad liver, no  
help and I am all the time sick I don't want  
to put me in the IVE to live I need treatment  
I feel bad in sick, can I get help?

**DO NOT WRITE BELOW THIS LINE  
FOR DEPUTY WARDEN'S USE ONLY**

**WARDEN, DEPUTY WARDEN OR SECURITY SUPERINTENDENT'S RESPONSE:**

Submit a sick slip to your C/O to see medical. We will call him also  
Your case was assigned to Ms. Nye for your initial classification.

**A RESPONSE MAY BE MAILED TO YOU OR HANDLED BY THE APPROPRIATE  
CORRECTIONAL STAFF. ALL RESPONSES WILL BE HANDLED ACCORDINGLY.**



Multi-Purpose Criminal Justice Facility  
Inter-Dept. Memo

TO: David DeJesus 2-B - 4

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 3-14-06

RE: MEDICAL GRIEVANCE # 06-24724

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

no answer

Multi-Purpose Criminal Justice Facility  
Inter-Dept. Memo

TO: *David De Jesus* 27  
FROM: Sgt. M. Moody, Inmate Grievance Chair  
DATE: *4/20/06*  
RE: MEDICAL GRIEVANCE # *06-31826*

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.



FORM #585

MEDICAL GRIEVANCE

My copy

FACILITY: M-P-C-J-F

DATE SUBMITTED: 10/25/05

INMATE'S NAME: David DeJesus Sr

SBI#: 209513

HOUSING UNIT: \_\_\_\_\_

CASE #: \_\_\_\_\_

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

I've put in "sick call" requests in for over a week and have not been seen. It is in my medical file that I have liver problems and I was getting treatment while I was here and upon my release, I'll have sharp pains all day long and I've not gotten my daily medications

GRIEVANT'S SIGNATURE: David DeJesus Sr

DATE: 10/25/05

ACTION REQUESTED BY GRIEVANT: To be seen by a doctor A-S-A-P and given proper treatment

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

~~MEDICAL GRIEVANCE~~

your copy

DATE SUBMITTED: 10/25/05

SBI#: 209513

CASE #:

//

## SECTION #1

DATE &amp; TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

I've put in "SICK CALL" REQUESTS in for over  
 A WEEK AND HAVE NOT BEEN SEEN. IT IS IN  
 MY MEDICAL FILE THAT I "LIVER" PROBLEMS  
 AND I WAS GETTING TREATMENT WHILE I WAS  
 HERE AND UPON MY RELEASE. I'VE SHARP PAIN  
 ALL DAY LONG, AND I'VE NOT GOTTEN MY DAILY  
 MEDICATION.

GRIEVANT'S SIGNATURE: David Degenhardt DATE: 10/25/05

ACTION REQUESTED BY GRIEVANT: To be seen by a doctor A.S.A.P.  
 AND GIVEN PROPER TREATMENT.

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL  
 GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

(125 COPY)

FORM #585

MEDICAL GRIEVANCE

My copy

FACILITY: Howard R. YoungDATE SUBMITTED: 3-6-06INMATE'S NAME: David De JesusSBI#: 709513HOUSING UNIT: 2B-4

CASE #: \_\_\_\_\_

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 10-25-05 - PRESENTLY ON-GOING

## TYPE OF MEDICAL PROBLEM:

I HAVE HEPATITIS C. AT THE MOMENT I AM SYMPTOMATIC. SINCE THE 18<sup>TH</sup> OF OCTOBER BLOOD WORK HAS BEEN ORDERED 5X'S, YET THE ACTUAL WORKUP HASN'T BEEN DONE. A DOCTOR TOLD A NURSE BETTY TO INQUIRE THE REASON WHY THIS BLOOD WORK HASN'T BEEN COMPLETED. I SUBMITTED A MEDICAL GRIEVANCE ON 10-25-05 HOWEVER IT WAS RETURNED W/OUT BEING ANSWERED, AND WITH A POST-IT NOTE STATING "I BELIEVE THIS IS YOUR COPY" AND THE HEADING: FORM #585 MEDICAL GRIEVANCE WAS ~~X~~<sup>ED</sup> OUT. ???

RESPECTFULLY,

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ACTION REQUESTED BY GRIEVANT: I WOULD LIKE TO HAVE THIS CASE REVIEWED, MY GRIEVANCE NEEDS TO BE ANSWERED TIMELY AND MY CONDITION ADDRESSED PROPERLY. ~~DOES MY UNRESPOND~~  
~~TO THIS GRIEVANCE IS THE FINAL RECOURSE PRIOR TO ME~~  
~~PROCEEDING WITH MY SUITS.~~

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

**FACILITY:** H.R.Y.C.I. (GANDER HILL)  
**This request is for (circle one):** MEDICAL DENTAL MENTAL HEALTH

**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

This is to show you if you  
I. I have money you have to

## DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

**FACILITY:** H.R.Y.C.I.

(GANDER HILL)

**This request is for (circle one):** MEDICAL DENTAL MENTAL HEALTH

David De Jesus sr

Name (Print)

2B

Housing Location

5-11-69

Date of Birth

209513

SBI Number

1-19-06

Date Submitted

**Complaint (What type of problem are you having)** my ear is hurting and  
why have they not giving me a H-I-V test,

David De Jesus sr

Inmate Signature

1-19-06

Date

The below area is for medical use only. Please do not write any further

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature and Title

Date

Time

# DELAWARE DEPARTMENT OF CORRECTIONS

## REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

**FACILITY:**      H.R.Y.C.I.      (GANDER HILL)

**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

David De Jesus Sr      2-B-4  
    Name (Print)      Housing Location

5-11-69      209513      3-20-06  
    Date of Birth      SBI Number      Date Submitted

**Complaint (What type of problem are you having)** The Dr order two time  
medical shampoo not one of them has been giving  
to me please some one help my head is bad with  
dandruff I dont get no money to by some

David Dejesus Sr      3-20-06  
    Inmate Signature      Date

**The below area is for medical use only. Please do not write any further**

Scheduled to see Dr.

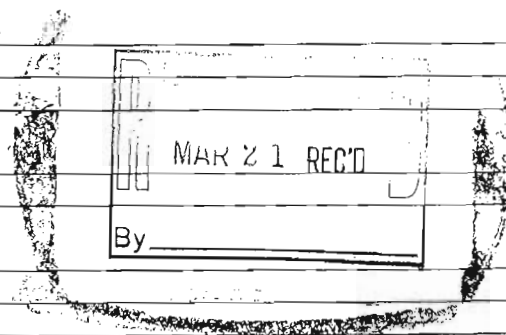
**S:** \_\_\_\_\_

**O: Temp:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **Resp:** \_\_\_\_\_ **B/P:** \_\_\_\_\_ **WT:** \_\_\_\_\_

**A:** \_\_\_\_\_

**P:** \_\_\_\_\_

**E:** \_\_\_\_\_



**Provider Signature and Title**

**Date**

**Time**



**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

**FACILITY:** H.R.Y.C.I. (GANDER HILL)

**This request is for (circle one):** MEDICAL DENTAL MENTAL HEALTH

David DeJesus sr 222  
Name (Print) Housing Location  
5-11-69 209513 12-31-05  
Date of Birth SBI Number Date Submitted

**Complaint (What type of problem are you having)** I am having problem with  
my eyes

David DeJesus sr 12-31-05  
Inmate Signature Date

**The below area is for medical use only. Please do not write any further**

**S:** scheduled for nurse visit ✓

**O: Temp:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **Resp:** \_\_\_\_\_ **B/P:** \_\_\_\_\_ **WT:** \_\_\_\_\_

**A:** \_\_\_\_\_

**P:** \_\_\_\_\_

**E:** \_\_\_\_\_

**Provider Signature and Title** **Date** **Time**



**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

**FACILITY:** H.R.Y.C.I. (GANNON HILL)

**This request is for (circle one):** MEDICAL **DENTAL MENTAL HEALTH**

David DeJesus Sr 2 F  
Name (Print) Housing Location  
5-11-69 207513 10-20-05  
Date of Birth SBI Number Date Submitted

**Complaint (What type of problem are you having)** I need a S.T.D test  
I hurt when going to the bathroom and a  
Aids test Please help me, and for my liver  
I need a test

David DeJesus Sr 10-20-05  
Inmate Signature Date

**The below area is for medical use only. Please do not write any further**

You are scheduled to see a medical provider.  
S: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**O: Temp:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **Resp:** \_\_\_\_\_ **B/P:** \_\_\_\_\_ **WT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

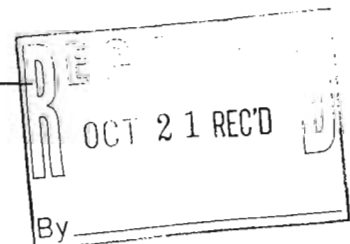
**P:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provider Signature and Title**

**Date**

**Time**





STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
1301 EAST 12<sup>TH</sup> STREET  
WILMINGTON, DELAWARE 19809  
Telephone: (302) 429-7747  
Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: *David DeJesus, 209513*  
*Y Pod*

FROM: *Warden Raphael Williams*

DATE: *June 5, 2006*

SUBJ: ***YOUR RECENT CORRESPONDENCE***

*Your correspondence has been forwarded to Mr. Joyce for review and any action deemed appropriate.*

*RW:adc*

**DISTRIBUTION**

*William Joyce, HSA*  
*File*

# HOWARD R. YOUNG CORRECTIONAL INSTITUTION RECEPTION AND DIAGNOSTIC UNIT (RDU)

To: David De Jesus Unit: 2L11 SBI # 209 513

From: Counselor Nye, RDU

Date: May 2, 2006

Subject: Initial Classification Recommendations

On April 27, 2006 you were recommended by the Initial Classification Board for:

<u>Security:</u>	<u>Institution:</u>	<u>Programs:</u>	
<input type="checkbox"/> Community	<input type="checkbox"/> HRYCI	<input type="checkbox"/> Key	<input type="checkbox"/> Alternatives to Violence
<input type="checkbox"/> Minimum	<input checked="" type="checkbox"/> DCC	<input type="checkbox"/> New Visions	<input type="checkbox"/> Mental Health _____
<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> SCI	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Transition Unit
<input type="checkbox"/> Maximum	<input type="checkbox"/> WCF	<input type="checkbox"/> DUI Program	<input type="checkbox"/> Pre-Release Class
	<input type="checkbox"/> WR (via VOP)	<input type="checkbox"/> Work Pool	<input type="checkbox"/> Personal Challenges
		<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Substance Abuse Reality (SAR)
		<input type="checkbox"/> YCOP	<input type="checkbox"/> Family Problems
		<input checked="" type="checkbox"/> Greentree	<input type="checkbox"/> Crest

This **recommendation** will be forwarded to the Central Institutional Classification Board (CICB) for **approval** or **disapproval**. You will receive notification from the CICB only if they approve something **different** than the ICB recommendation.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Date of Next Classification: 10/06



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
1301 EAST 12<sup>TH</sup> STREET  
WILMINGTON, DELAWARE 19809  
Telephone: (302) 429-7747  
Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: David DeJesus, 209513  
Y Pod

FROM: ~~Warden Raphael Williams~~

DATE: May 30, 2006

SUBJ: **YOUR RECENT CORRESPONDENCE**

*The medical unit will address your concern.*

RW:adc

**DISTRIBUTION**

Mr. Joyce, HSA  
File



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
1301 EAST 12<sup>TH</sup> STREET  
WILMINGTON, DELAWARE 19801  
Telephone: (302) 429-7747  
Fax: (302) 429-7716

Mark Emig  
Deputy Warden II

**MEMORANDUM**

TO: David DeJesus, Sr. 209513  
2L-11

FROM: Deputy Warden Mark Emig *me*

DATE: May 2, 2006

SUBJ: **YOUR RECENT CORRESPONDENCE**

*Your recent correspondence to this office has been forwarded to the Medical Office and to Pam Minor, Classification Treatment Administrator, for any action/response deemed appropriate.*

ME/cjo

**DISTRIBUTION**

Medical Office  
Pam Minor, Classification Treatment Administrator  
File

A handwritten signature in dark ink, appearing to be "Mark Emig", written in a cursive style.




STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
1301 EAST 12<sup>TH</sup> STREET  
WILMINGTON, DELAWARE 19801  
Telephone: (302) 429-7747  
Fax: (302) 429-7716

Mark Emig  
Deputy Warden II

**MEMORANDUM**

TO: David DeJesus, Sr. 209513  
2L11

FROM: Deputy Warden Mark Emig 

DATE: May 11, 2006

SUBJ: **YOUR RECENT CORRESPONDENCE**

*Your recent correspondence to this office has been forwarded to Mr. William Joyce, Medical Director, for any action/response deemed appropriate.*

ME/co

**DISTRIBUTION**

William Joyce  
File



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
1301 EAST 12<sup>TH</sup> STREET  
WILMINGTON, DELAWARE 19809  
Telephone: (302) 429-7747  
Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: *David DeJesus, 209513*  
*2L Pod*

FROM: *Warden Raphaël Williams*

DATE: *March 29, 2006*

SUBJ: ***YOUR RECENT CORRESPONDENCE***

*Your recent correspondence to attorney Sidney Balick has been returned to me. I have alerted the medical department to your concerns.*

*RW:adc*

**DISTRIBUTION**

*Dana Baker, Health Care Administrator*  
*File*



Multi-Purpose Criminal Justice Facility  
Inter-Dept. Memo

209513

TO:

*David De Jesus* *2F*

FROM:

Sgt. M. Moody, Inmate Grievance Chair

DATE:

*4/26/06*

RE:

MEDICAL GRIEVANCE # *06 - 34187*

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
OFFICE OF THE GRIEVANCE CHAIRPERSON  
1301 E. 12<sup>TH</sup> STREET  
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate David De Jesus 24

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 6/15/06

RE: YOUR RECENT MEDICAL GRIEVANCE #06- 44863

This memo is to inform you that the grievance submitted by you dated 6/1/06, regarding medical concern(s) is not grievable for the following reason(s):

\_\_\_ The complaint was addressed by the IGC: \_\_\_\_\_.

\_\_\_ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).

\_\_\_ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.

\_\_\_ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the hearing decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form.

\_\_\_ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5<sup>th</sup> Floor, Wilmington, DE 19801.

\_\_\_ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is: \_\_\_\_\_.

✓ \_\_\_ This is an issue/complaint that has already been grieved by you or another inmate. #34187, 31806, 24724

\_\_\_ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.

\_\_\_ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.

\_\_\_ This complaint is addressed in the Inmate Handbook. Refer to the handbook page \_\_\_\_\_ for clarification and/or direction.

\_\_\_ Action request is inappropriate or not completed. Inmate must make an actual request, such as,

FORM #585

MEDICAL GRIEVANCEFACILITY: MPCJFDATE SUBMITTED: 6-1-06INMATE'S NAME: David De Jesus SrSBI#: 209513HOUSING UNIT: 2Y-12

CASE #: \_\_\_\_\_

SECTION #1DATE & TIME OF MEDICAL INCIDENT: ongoing

TYPE OF MEDICAL PROBLEM:

I am having more pain where my liver is at, still no help at all like you  
dont care this is the best medical Grievance because Y'all dont care  
about my health, I am putting this in so all know that to this day  
I still have not goting help. like if I was no one, I have put sickca  
medical grievance and wrote to the worden and the Depty Warden  
and still no help this been going the hold time I been here  
10-18-05

GRIEVANT'S SIGNATURE: David De Jesus SrDATE: 6-1-06

ACTION REQUESTED BY GRIEVANT: To get help from the righth Dr that know  
about liver. I am human not a dog even they get good  
medical treatment I fill weak & sleepy Please help I  
know surethin is wrong

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL  
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCEFACILITY: HPYCIDATE SUBMITTED: 6-4-06INMATE'S NAME: David DeJesusSBI#: 209513HOUSING UNIT: 2Y12

CASE #: \_\_\_\_\_

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 6-4-06 ~AM meds

TYPE OF MEDICAL PROBLEM:

on today's am med call I went as usual to get meds, nurse Brenda was at the window and I've asked for my pain medication and it was denied by the nurse she stated that because she was not the regular nurse she couldn't help me, as I advised to her that I was under a great amount of pain she said she didn't care and refused to give me her name and was somewhat disrespectful and said that if it was an emergency I should go to the infirmary. I was prescribed the medication because I do need it not only it was refused but I was insulted by the nurses lack of care if the nurse can't help me with already prescribed meds how can I get better or at least some relief? is not like I only went there just for kicks

GRIEVANT'S SIGNATURE: David DeJesus SrDATE: 6-4-06

ACTION REQUESTED BY GRIEVANT: Maybe the nurse has the wrong career or is overworked but why is that my fault? if she can't handle her job she should change careers and let someone who may really need to work on her place, all I want is to be able to get my meds as prescribed since we don't always get them on time any

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

To: Warden

From: David DeJesus sr

Date: 5-25-06

RE: help

my name is David DeJesus sr this is the last letter I write to you for help, because I am not getting no help at all for my liver I am sick with Hep C and in pain it is hurting more and no one care to help me at all they take Blood and next week again for the same thin like they are losing them, I been in here 7 month with no help.

If I die in here know that I did let all know and no help.

your copy  
family  
my

from  
David DeJesus sr

MEDICAL GRIEVANCE APPEAL FORM

THIS MUST BE COMPLETED AND RETURNED TO THE IGC WITHIN 3 DAYS OF RECEIPT OF THE  
MEDICAL GRIEVANCE COMMITTEE'S DECISION

GRIEVANT: DeJesus, David S.SBI# 00209513HOUSING UNIT: 2LCASE#: 06-34187 (Ref# 24724 & 31826 Grouped)DATE: 6-15-06RETURN APPEAL TO IGC BY 06/19/06 Monday  
~~Saturday~~

THIS FORM IS TO BE USED ONLY IN THE EVENT OF A DECISION APPEAL. PLEASE SPECIFY THE REASON FOR THE APPEAL IN THE SPACE BELOW.

////////////////////////////////////  
 I have been to see the Doctor on said occasions. However the dr says the blood work isn't there. Sometimes they haven't taken the blood some times they have and there is no results. On 6-14-06 I saw dr Niazi and said my blood count was real high and that I need treatment then tells me he will see me in a month. I should be given the Hepatitis A & B vaccine also — I am in great need of Medical assistance I had an appointment on 6/14/06 — And was told by the Doctor that my blood count is up that I would get a test to have my liver checked out (Dialysis.) I'd like to have this grievance reviewed in order for me to receive the proper treatment if this is being denied because of lawsuit I also need to know to let my Attorney's also know.  
 IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE WRITING ON THE BACK OF THIS FORM.

GRIEVANT'S SIGNATURE

David DeJesus Sr  
 David S. DeJesus

DATE 6-15-06

I got this today ↑

ORIGINAL: INSTITUTION FILE

COPY: GRIEVANT



To warden

I write to you so you can know about a nurse name Brenda. I was at the window getting my Am meds she denied me because of she not been the regular nurse that wrong I am in pain, so she can said no to me.

Maybe she got the wrong career our she should let someone who would like to help. I already have problem getting help so she can said no to my Health. when the Dr prescribed it for my pain.

Please can you help, I ask her name she did not want to give it me. Thank you for your time.

cc  
your  
my  
Lawyer



# DELAWARE DEPARTMENT OF CORRECTIONS

## REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

**FACILITY:** H.R.Y.C.I. (GANDER HILL)

**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**
David DeJesus Sr
**Name (Print)**
24-12
**Housing Location**
5-11-69
**Date of Birth**
209513
**SBI Number**
6-14-06
**Date Submitted**

**Complaint (What type of problem are you having)** I need to talk to someone about what they told me today in sickcall about how bad my liver is, I am Depress please help I'm down they could of help me sooner

David DeJesus Sr
**Inmate Signature**
6-14-06
**Date**
**The below area is for medical use only. Please do not write any further**
**S:**
**O: Temp:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **Resp:** \_\_\_\_\_ **B/P:** \_\_\_\_\_ **WT:** \_\_\_\_\_

**A:**
**P:**
**E:**
**Provider Signature and Title**
**Date**
**Time**

HRYCI Howard R. Young Correctional Institution

Date: 06/15/2006

1301 E. 12th Street  
WILMINGTON DE, 19809  
Phone No. 302-429-7700

**GRIEVANCE INFORMATION - MGC****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> DEJESUS, DAVID S	<b>SBI# :</b> 00209513	<b>Institution :</b> HRYCI
<b>Grievance # :</b> 34187	<b>Grievance Date :</b> 10/25/2005	<b>Category :</b> Individual
<b>Status :</b> Unresolved	<b>Resolution Status:</b>	<b>Inmate Status :</b>
<b>Grievance Type:</b> Health Issue (Medical)	<b>Incident Date :</b> 10/25/2005	<b>Incident Time :</b>
<b>IGC :</b> Moody, Mary	<b>Housing Location :</b> Building 1, East, Floor 1, Pod 2Y, Cell 12, Bed B	

**MGC****Date Received :** 05/24/2006**Date of Recommendation:** 06/13/2006**GRIEVANCE COMMITTEE MEMBERS**

Person Type	SBI #	Name	Vote
Staff		Butcher, Nechelle D	Deny
Staff		Altman, Scott	Deny
Staff		Zorich, Shannon	Deny

**VOTE COUNT****Uphold :** 0**Deny :** 3**Abstain :** 0**TIE BREAKER**

Person Type	SBI #	Name	Vote
-------------	-------	------	------

**RECOMMENDATION**

MGC convened Thursday, 6/8/06

The Committee recommends that the grievance be denied. I/M DeJesus has been seen on 11/21/05, 1/19/06, 2/27/06, 3/9/06 and 5/31/06 for this condition. Explained Hepatitis C treatment protocol to patient wishes to proceed with his lawsuit.

I/M DeJesus informed the Committee that he has a lawsuit pending.  
Appeal

1301 E. 12th Street  
WILMINGTON DE, 19809  
Phone No. 302-429-7700

## GRIEVANCE INFORMATION - MGC

### OFFENDER GRIEVANCE INFORMATION

Offender Name : DEJESUS, DAVID S	SBI# : 00209513	Institution : HRYCI
Grievance # : 24724	Grievance Date : 03/06/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 10/25/2005	Incident Time :
IGC : Moody, Mary	Housing Location : Building 1, East, Floor 1, Pod 2Y, Cell 12, Bed B	

### MGC

Date Received : 05/01/2006

Date of Recommendation: 06/13/2006

### GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Altman, Scott	Deny
Staff		Butcher, Nechelle D	Deny
Staff		Zorich, Shannon	Deny

### VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 0

### TIE BREAKER

Person Type	SBI #	Name	Vote
-------------	-------	------	------

### RECOMMENDATION

MGC convened Thursday, 6/8/06  
Reference 34187 (grouped)

HRYCI Howard W. Young Correctional Institution

1301 E. 12th Street  
WILMINGTON DE, 19809  
Phone No. 302-429-7700

Date: 06/15/2006

**GRIEVANCE INFORMATION - MGC****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> DEJESUS, DAVID S	<b>SBI# :</b> 00209513	<b>Institution :</b> HRYCI
<b>Grievance # :</b> 31826	<b>Grievance Date :</b> 04/16/2006	<b>Category :</b> Individual
<b>Status :</b> Unresolved	<b>Resolution Status:</b>	<b>Inmate Status :</b>
<b>Grievance Type:</b> Health Issue (Medical)	<b>Incident Date :</b> 04/16/2006	<b>Incident Time :</b>
<b>IGC :</b> Moody, Mary	<b>Housing Location :</b> Building 1, East, Floor 1, Pod 2Y, Cell 12, Bed B	

**MGC****Date Received :** 05/24/2006**Date of Recommendation:** 06/15/2006**GRIEVANCE COMMITTEE MEMBERS**

Person Type	SBI #	Name	Vote
Staff		Altman, Scott	Deny
Staff		Butcher, Nechelle D	Deny
Staff		Zorich, Shannon	Deny

**VOTE COUNT****Uphold :** 0**Deny :** 3**Abstain :** 0**TIE BREAKER**

Person Type	SBI #	Name	Vote
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**RECOMMENDATION**

MGC convened Thursday, 6/8/06  
Reference #34187

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

Offender Name : DEJESUS, DAVID S      SBI# : 00209513      Institution : HRYCI  
Grievance # : 34187      Grievance Date : 10/25/2005      Category : Individual  
Status : Unresolved      Resolution Status :      Resol. Date :  
Grievance Type: Health Issue (Medical)      Incident Date : 10/25/2005      Incident Time :  
IGC : Moody, Mary      Housing Location : Building 1, West, Floor 2, Pod 2L, Cell 11, Bed C

**OFFENDER GRIEVANCE DETAILS**

**Description of Complaint:** I've put in "sick call" requests in for over a week and have not been seen. It is in my medical file that I "Liver" problems and I was getting treatment while I was here and upon my release. I've sharp pains all day long, and I've not gotten my daily medication.

**Remedy Requested** : To be seen by a doctor asap and given proper treatment

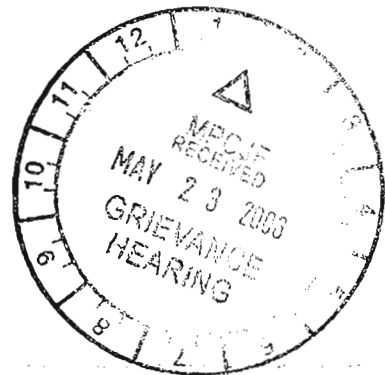
**INDIVIDUALS INVOLVED**

Type	SBI #	Name
------	-------	------

**ADDITIONAL GRIEVANCE INFORMATION**

Medical Grievance : YES      Date Received by Medical Unit : 04/25/2006  
Investigation Sent : 04/25/2006      Investigation Sent To : Joyce, William F  
Grievance Amount :

Attach to file copy H



## INFORMAL RESOLUTION

## OFFENDER GRIEVANCE INFORMATION

Offender Name : DEJESUS, DAVID S	SBI# : 00209513	Institution : HRYCI
Grievance # : 34187	Grievance Date : 10/25/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 10/25/2005	Incident Time :
IGC : Moody, Mary	Housing Location : Building 1, West, Floor 2, Pod 2L, Cell 11, Bed C	

## INFORMAL RESOLUTION

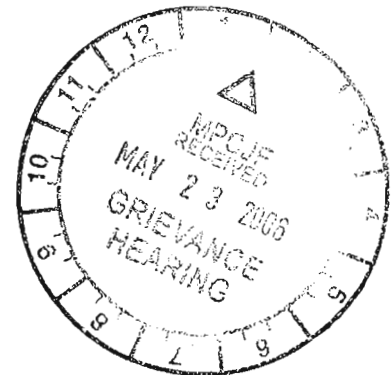
Investigator Name : Joyce, William F

Date of Report 04/25/2006

Investigation Report :

Reason for Referring:

Refused - not seen

Offender's Signature: RefusedDate : 5/23/06

Witness (Officer) : \_\_\_\_\_







**INFORMAL RESOLUTION****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> DEJESUS, DAVID S	<b>SBI# :</b> 00209513	<b>Institution :</b> HRYCI
<b>Grievance # :</b> 34187	<b>Grievance Date :</b> 10/25/2005	<b>Category :</b> Individual
<b>Status :</b> Unresolved	<b>Resolution Status:</b>	<b>Inmate Status :</b>
<b>Grievance Type:</b> Health Issue (Medical)	<b>Incident Date :</b> 10/25/2005	<b>Incident Time :</b>
<b>IGC :</b> Moody, Mary	<b>Housing Location :</b> Building 1, East, Floor 1, Pod 2Y, Cell 12, Bed B	

**INFORMAL RESOLUTION**

**Investigator Name :** Joyce, William F  
**Investigation Report :** See grievance # 31826

**Date of Report** 04/25/2006

**Reason for Referring:**

**Offender's Signature:** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Witness (Officer) :** \_\_\_\_\_

**GRIEVANCE INFORMATION - IGC****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name</b> : DEJESUS, DAVID S	<b>SBI#</b> : 00209513	<b>Institution</b> : HRYCI
<b>Grievance #</b> : 34187	<b>Grievance Date</b> : 10/25/2005	<b>Category</b> : Individual
<b>Status</b> : Unresolved	<b>Resolution Status</b> :	<b>Inmate Status</b> :
<b>Grievance Type</b> : Health Issue (Medical)	<b>Incident Date</b> : 10/25/2005	<b>Incident Time</b> :
<b>IGC</b> : Moody, Mary	<b>Housing Location</b> : Building 1, East, Floor 1, Pod 2Y, Cell 12, Bed B	

**IGC****Medical Provider:****Date Assigned****Comments:**

note grievance forwarded to IGC from Medical. Sgt. Moody

☒ Forward to MGC☐ Warden Notified☐ Forward to RGC**Date Forwarded to RGC/MGC** : 04/25/2006☒ Offender Signature Captured**Date Offender Signed** :

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

Offender Name : DEJESUS, DAVID S	SBI# : 00209513	Institution : HRYCI
Grievance # : 31826	Grievance Date : 04/16/2006	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 04/16/2006	Incident Time :
IGC : Moody, Mary	Housing Location : Building 1, East, Floor 1, Pod 2Y, Cell 12, Bed B	

### OFFENDER GRIEVANCE DETAILS

**Description of Complaint:** I write to you again because I am not getting the help for my liver, I do not want to die in here, in the st. I go to "Dr" why are they not caring about my health, I am even on the floor sick.

**Remedy Requested :** I want help even if they put me in the Inf. I need to see a Dr for my liver. I am sick, I feel bad, and yes I do take care of my health in the st. My family D is Dr. green 6 month no help.

### INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

### ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 04/17/2006
Investigation Sent : 04/17/2006	Investigation Sent To : Joyce, William F
Grievance Amount :	

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

Offender Name : DEJESUS, DAVID S SBI# : 00209513 Institution : HRYCI  
Grievance # : 31826 Grievance Date : 04/16/2006 Category : Individual  
Status : Unresolved Resolution Status : Resol. Date :  
Grievance Type: Health Issue (Medical) Incident Date : 04/16/2006 Incident Time :  
IGC : Moody, Mary Housing Location : Building 1, West, Floor 2, Pod 2L, Cell 11, Bed C

### OFFENDER GRIEVANCE DETAILS

Description of Complaint: I write to you again because I am not getting the help for my liver, I do not want to die in here, in the st. I go to "Dr" why are they not caring about my health, I am even on the floor sick.

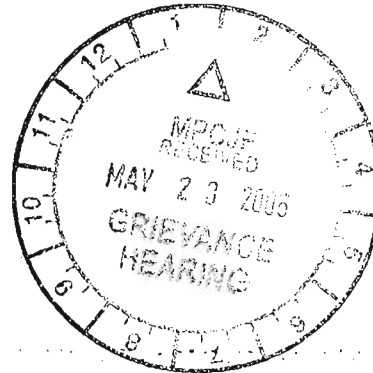
Remedy Requested : I want help even if they put me in the Inf. I need to see a Dr for my liver. I am sick, I feel bad, and yes I do take care of my health in the st. My family D is Dr. green 6 month no help.

### INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

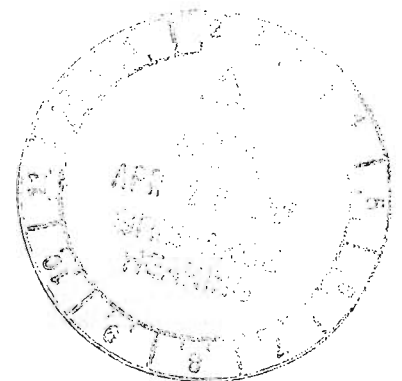
### ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES Date Received by Medical Unit : 04/17/2006  
Investigation Sent : 04/17/2006 Investigation Sent To : Joyce, William F  
Grievance Amount :



**INFORMAL RESOLUTION****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> DEJESUS, DAVID S	<b>SBI# :</b> 00209513	<b>Institution :</b> HRYCI
<b>Grievance # :</b> 24724	<b>Grievance Date :</b> 03/06/2006	<b>Category :</b> Individual
<b>Status :</b> Unresolved	<b>Resolution Status:</b>	<b>Inmate Status :</b>
<b>Grievance Type:</b> Health Issue (Medical)	<b>Incident Date :</b> 10/25/2005	<b>Incident Time :</b>
<b>IGC :</b> Moody, Mary	<b>Housing Location :</b> Building 1, West, Floor 2, Pod 2B, Cell 4, Bed A	

**INFORMAL RESOLUTION****Investigator Name :** Baker, Dana**Date of Report** 03/13/2006**Investigation Report :****Reason for Referring:****Offender's Signature:** \_\_\_\_\_**Date** : \_\_\_\_\_**Witness (Officer)** : \_\_\_\_\_

## INFORMAL RESOLUTION

## OFFENDER GRIEVANCE INFORMATION

Offender Name : DEJESUS, DAVID S	SBI# : 00209513	Institution : HRYCI
Grievance # : 24724	Grievance Date : 03/06/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 10/25/2005	Incident Time :
IGC : Moody, Mary	Housing Location : Building 1, West, Floor 2, Pod 2L, Cell 11, Bed C	

## INFORMAL RESOLUTION

Investigator Name : Baker, Dana

Date of Report 03/13/2006

Investigation Report :

Reason for Referring:

Refused - not seen yet

Offender's Signature:

Refused

Date

5/23/06

Witness (Officer)



To warden Williams

My reason to write is because of the memorandum for non-Dangerous cantabard on June 24-06. Its not me the Yo Knew They put the wrong name on it how that happen I dont know wh but I dont want no write up that I did not do, one I am sick. think of getting in any problem. I am the one with the bad liver.

Mr Rivera and other Yo know it is cell 2# that got this Please before you Judge me ask other Yo. I will like to see a Lt to Show him

I need help not any write up with treatment that medic has not given me. Please help me not disciplin me

from

David Dejesus Jr

copy To

The warden

lawyer

my self



Howard R. Young Correctional Institution  
Services Request Form

DATE: 6-14-06 COUNSELOR: \_\_\_\_\_  
NAME: David DeJesus SBI# 209513 HOUSING UNIT 24-12

CHECK AND SPECIFY THE APPROPRIATE INFORMATION BELOW.  
PLEASE MAKE ALL REQUESTS BRIEF AS LENGTHY RESPONSES MAY  
NOT RECEIVE IMMEDIATE ATTENTION.

- ☒ REQUEST FOR CLASSIFICATION ACTION  
☐ CLASSIFICATION INFORMATION  
☐ PROGRAM PARTICIPATION (PROGRAMS, WORK, EDUCATION)  
☐ INDIVIDUAL COUNSELING (MENTAL HEALTH)  
☐ HOUSING ASSIGNMENT CONCERNS  
☐ STATUS, CHARGES OR OTHER RECORDS CONCERNS  
☐ OTHER (SPECIFY): \_\_\_\_\_

PLEASE PRINT ALL INFORMATION

Today I went to the Dr and he told me that my  
liver is bad really bad so if you can, can you help me  
with a 4217 I dont want to die in here, and  
please help and are they going to let me stay here?  
and not move me to OCC. Please help me

DO NOT WRITE BELOW THIS LINE  
FOR DEPUTY WARDEN'S USE ONLY

WARDEN, DEPUTY WARDEN OR SECURITY SUPERINTENDENT'S RESPONSE:

A RESPONSE MAY BE MAILED TO YOU OR HANDLED BY THE APPROPRIATE  
CORRECTIONAL STAFF. ALL RESPONSES WILL BE HANDLED ACCORDINGLY.

Multi-Purpose Criminal Justice Facility  
Inter-Dept. Memo

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TO:

David DeJesus 2 J

FROM:

Sgt. M. Moody, Inmate Grievance Chair

DATE:

6/8/06

RE:

MEDICAL GRIEVANCE # 06-45144

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.